

PAGE	1	OF	5
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>AMERICAN UNITY PAC INC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00523589</span> </div>
--	---

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM

DD

YYYY

Full Name of Payee <b>Grapeseed Media</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 18 / 2016</div> </div>	
Mailing Address 79 Madison Ave., 3rd Floor		Amount <div> <div>20000.00</div> </div>	
City New York	State NY	Zip Code 10016	<b>Transaction ID : SE.5368</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 06 / 2016</div> </div>
Purpose of Expenditure IE-McCain-Online Ads	Category/ Type	004	
Name of Federal Candidate MCCAIN, JOHN S, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought	<div> <div>20000.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
			2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Grapeseed Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 79 Madison Ave., 3rd Floor		Amount 12000.00	
City New York	State NY	Zip Code 10016	Transaction ID : SE.5369 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016
Purpose of Expenditure IE-Dent-Online Ads	Category/ Type	004	
Name of Federal Candidate DENT, CHARLES, W, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		12000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	32000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hoover, Margaret, , ,

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>AMERICAN UNITY PAC INC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523589	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Grapeseed Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2016</b>		
Mailing Address <b>79 Madison Ave., 3rd Floor</b>			Amount <b>12000.00</b>		
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10016</b>	Transaction ID : <b>SE.5370</b>		
Purpose of Expenditure <b>IE-Costello-Online Ads</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2016</b>		
Name of Federal Candidate <b>COSTELLO, RYAN A, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>12000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Grapeseed Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2016</b>		
Mailing Address <b>79 Madison Ave., 3rd Floor</b>			Amount <b>12000.00</b>		
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10016</b>	Transaction ID : <b>SE.5371</b>		
Purpose of Expenditure <b>IE-Lobiondo-Online Ads</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2016</b>		
Name of Federal Candidate <b>LOBIONDO, FRANK A, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NJ</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>12000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>24000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hoover, Margaret, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 20 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 3 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>AMERICAN UNITY PAC INC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523589       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Grapeseed Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 79 Madison Ave., 3rd Floor		Amount 16000.00	
City New York	State NY	Zip Code 10016	Transaction ID : SE.5376
Purpose of Expenditure IE-Murkowski-Online Ads		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016
Name of Federal Candidate MURKOWSKI, LISA, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Grapeseed Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016	
Mailing Address 79 Madison Ave., 3rd Floor		Amount 10000.00	
City New York	State NY	Zip Code 10016	Transaction ID : SE.5382
Purpose of Expenditure IE-Kirk-Online Ads		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2016
Name of Federal Candidate KIRK, MARK STEVEN, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	26000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hoover, Margaret, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 20 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 4 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>AMERICAN UNITY PAC INC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523589         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name of Payee <b>Madison McQueen LLC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 19 / 2016         </div>	
Mailing Address 135 Richmond St.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           10000.00         </div>	
City El Segundo	State CA	Zip Code 90245	Transaction ID : <b>SE.5383</b>
Purpose of Expenditure IE-Kirk-Media Prodcution	Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 19 / 2016         </div>	
Name of Federal Candidate KIRK, MARK STEVEN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           150000.00         </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mentzer Media Services Inc.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 19 / 2016         </div>	
Mailing Address 600 Fairmount Ave., Ste. 306		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           95212.50         </div>	
City Towson	State MD	Zip Code 21286	Transaction ID : <b>SE.5380</b>
Purpose of Expenditure IE-Curbelo-Media Buy	Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 18 / 2016         </div>	
Name of Federal Candidate CURBELO, CARLOS, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           657266.00         </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           105212.50         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           105212.50         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hoover, Margaret, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>AMERICAN UNITY PAC INC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523589	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mentzer Media Services Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>	
Mailing Address <b>600 Fairmount Ave., Ste. 306</b>		Amount <b>285637.50</b>	
City <b>Towson</b>	State <b>MD</b>	Zip Code <b>21286</b>	Transaction ID : <b>SE.5381</b>
Purpose of Expenditure <b>IE-Garcia-Media Buy</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 18 / 2016</b>
Name of Federal Candidate <b>GARCIA, JOE, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>562053.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>285637.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>472850.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hoover, Margaret, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 20 / 2016**

Signature